

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 1000)

SEARCH NO.

461492

APPLICATION

SEARCH DATE

12-14-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	CNO.	DEP.	CNO.	DEP.	CNO.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14						
15						
16						
17						
18						
19						
20						
21	1					
22	1					
23						
24						
25						
26						
27						
28						
29						
30	1					
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL CNO.	3		1		1	
TOTAL DEP.	27		1		1	

61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
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89			
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91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL CNO.		1	
TOTAL DEP.		1	
TOTAL CNO.			